

29 SEP 2006

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	4		4			
TOTAL DEP.	38		42			
TOTAL CLAIMS	42		46			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY